

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 458858		FILING DATE 12/10/99					
						CLAIMS							
	AS FILED		AFTER 1 st ALLOWANCE		AFTER 2 nd ALLOWANCE								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
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TOTAL NO.							TOTAL NO.						
TOTAL OFF.							TOTAL OFF.						
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